

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook Respiratory and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 38 Freneau Avenue Matawan, NJ 07747	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to maintain the residents' living environment in a clean, comfortable, homelike manner. This deficient practice was identified on 1 of 3 nursing units observed, and was evidenced by the following:</p> <p>On 5/12/25 at 10:55 AM, during initial tour of the facility, the surveyor observed Resident #45 resting in bed. The wall behind the bed appeared to have a spackled and dried patch approximately two feet wide which was unpainted and unfinished. The resident stated that the wall had that appearance for at least a couple months and that the resident did not like it.</p> <p>On 5/12/25 at 11:06 AM, during initial tour of the facility, the surveyor observed Resident #24 sitting in a wheelchair and watching television in their room. The surveyor observed the wall behind the resident's bed was repaired with spackle that dried, and in one area of the dried spackle, it was severely damaged with multiple long holes in the wall that measured approximately three feet. The resident informed the surveyor that the wall was in that condition for about three weeks or so.</p> <p>On 5/19/25 at 11:30 AM, the surveyor interviewed the Licensed Practical Nurse (LPN), who stated that staff communicated with the maintenance department using a computerized maintenance and repair order communication system [name redacted]. The LPN stated that maintenance usually was able to respond to requests within minutes.</p> <p>On 5/19/25 at 12:48 PM, the surveyor interviewed the facility's Director of Maintenance (DOM), who confirmed that the facility utilized a computerized maintenance work order system [name redacted] which sent notifications to both the maintenance department's computers as well as their mobile devices. The DOM further stated that all maintenance employees received the notifications and were responsible to address them. The DOM stated that a wall repair should take approximately a day to complete since the facility had the necessary supplies. The DOM further included that the facility's administration team conducted twice weekly audits of all resident rooms to ensure all repairs were addressed and completed. He stated the importance of this was to ensure a comfortable, homelike environment for all residents.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/19/25 at 1:05 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA), who confirmed that administration conducted a twice weekly tour to audit the living environment of all resident rooms. He further stated that wall repairs should have been completed entirely to ensure a homelike environment for residents. The LNHA confirmed the use of the computerized maintenance and repair order system [name redacted] and stated all facility departments and staff had access to the system which could be found on any facility computer to place a work order request.</p> <p>A review of the facility's Safe and Homelike Environment policy with a revised date of 11/2024, included but was not limited to; the facility will create and maintain, to the extent possible, a homelike environment that de-emphasizes the institutional character of the setting .housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment .</p> <p>NJAC 8:39-31.4(a)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>NJ Complaint: NJ176627</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) administer medication according to the physician's orders and b.) ensure a resident received care and services for the provisions of observation, documentation, measurements and dressing changes to a midline catheter (peripherally inserted catheter (PIC)) site consistent with a physician's order and professional standards of practice. This deficient practice was identified for 2 of 27 residents reviewed for professional standards of practice (Resident #60 & Resident #241), and was evidenced by the following:</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>1. On 5/19/25 at 9:50 AM, the surveyor reviewed Resident #241's medical record and the following was observed:</p> <p>A review of the admission Record face sheet (an admission summary) indicated that Resident #241 was admitted to the facility with diagnosis which included but was not limited to; malignant neoplasm of left renal pelvis (malignant cancer of the left kidney) and retention of urine.</p> <p>A review of the physician's Order Summary Report included an order with a start date of 8/28/24, for lidocaine hydrochloride (HCl) external gel 1% (a medication used to treat pain) to be applied topically twice daily for herpes.</p> <p>A review of the August 2024 MAR indicated that the following doses were not signed off by nursing staff as having been applied as ordered:</p> <p>On 8/28/24, the 5:00 PM dose.</p> <p>On 8/30/24, the 9:00 AM and 5:00 PM doses.</p> <p>A review of the resident's individualized comprehensive care plan (ICCP) included a focus area for potential for pain initiated 8/27/24. Interventions which included but was not limited to; administer analgesia (pain medication) as per orders.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/19/25 at 11:03 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM), who stated that nurses should sign the MAR when medication was administered as ordered to indicate it was administered. She further acknowledged that that if it was not documented, it was not done.</p> <p>On 5/19/25 at 11:49 AM, the surveyor interviewed the Director of Nursing (DON), who after reviewing Resident #241's MAR, stated the blank portions of the August MAR indicated that it was not administered based on documentation. The DON further acknowledged that there was no other documentation in the medical record to indicate those three doses of lidocaine gel were administered as ordered and that the nurses should have documented whether the medication was administered or not by signing the MAR or creating a progress note.</p> <p>A review of the facility's Administering Medications policy with a revision date of April 2025, included but was not limited to: .21. if a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose. 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones .</p> <p>2. On 5/15/25 at 12:12 PM, the surveyor observed Resident #60 had a PIC located in their left forearm. The surveyor observed the dressing was not labeled or dated.</p> <p>On 5/19/25 at 12:04 PM, the surveyor reviewed the medical record for Resident #60.</p> <p>A review of the admission Record face sheet (an admission summary) reflected Resident #60 was admitted to the facility with medical diagnoses which included but was not limited to; chronic respiratory failure (CRF; lungs are unable to adequately exchange oxygen and carbon dioxide in the blood.), anoxic brain damage (damage to the brain due to lack of oxygen), and neurogenic bladder (caused by damage to the brain, spinal cord, or nerves that control bladder function).</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool, reflected the resident had a Brief Interview for Mental Status (BIMS) score of 99, which meant the resident was unable to complete interview. The assessment identified the resident to have a cognitively impaired cognition.</p> <p>A review of the Medication Administration Record (MAR) dated 5/1/25-5/31/25, included an order with a start date of 4/18/25 at 3:00 PM, for a PIC line site check.</p> <p>A review of the Treatment Administration Record (TAR) dated 5/1/25-5/31/25, included a treatment order with a start date of 4/28/25 at 11:00 PM, for PIC line dressing change and date dressing every night shift on Mondays. A further review of the TAR revealed a signature on 5/12/25, for the completion by nursing, and on 5/19/25, there was no signature at the time of observation.</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area dated 4/23/25, for a peripheral catheter. Interventions included to monitor and change according to policy.</p> <p>On 5/19/25 at 12:25 PM, the surveyor interviewed the Infection Preventionist, who stated the staff nurse was to follow the order on the TAR and date the dressing as per facility policy to prevent infection or a prolonged dressing.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/19/25 at 12:55 PM, the surveyor interviewed the Director of Nursing (DON), who stated that all dressings were to be dated to allow all staff know exactly when the dressing was changed to prevent infection and incompleteness of the treatment.</p> <p>On 5/19/25 at 12:16 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and DON, who all acknowledged the surveyor's concerns and had nothing more to provide.</p> <p>A review of the facility's Peripheral and Midline IV Dressing Change policy, dated 10/2024, which included steps in procedure . Label dressing with date and time of dressing change with initials.</p> <p>NJAC 8:39-27.1(a)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to act upon Consultant Pharmacy recommendations to provide adequate monitoring for the use of as needed psychoactive medications. This deficient practice was identified for 1 of 5 residents reviewed for unnecessary medications (Resident #55), and was evidenced by the following:</p> <p>On 5/12/25 at 11:15 AM, the surveyor observed Resident #55 self-propelling in a wheelchair on the first floor of the building. The resident told the surveyor they were just out on a smoking break.</p> <p>A review of the admission Record face sheet (an admission summary) revealed Resident #55 was admitted to the facility with medical diagnoses which included but were not limited to; malnutrition, major depression, respiratory failure, and anxiety disorder.</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated 3/1/25, revealed the resident had a Brief Interview of Mental Status score of 12 out of 15, meaning the resident had moderate cognitive impairment.</p> <p>A review of the physician's order summary revealed that the resident was prescribed Valium (a benzodiazepine used to treat anxiety disorders) 5 milligrams (mg) every 12 hours as needed for anxiety for 30 days ordered on 5/6/25, and fluoxetine (antidepressant) oral capsule 50 mg; administer one time a day for depression ordered on 2/22/25.</p> <p>A review of individualized comprehensive care plan (ICCP) initiated on 9/16/24, included a focus area for the resident using anti-anxiety medications related to an anxiety disorder. The goals were decreased episodes of anxiety and target symptoms would be reduced. Interventions included but were not limited to; monitoring/recording occurrence for target behavior symptoms (pacing, wandering, disrobing, inappropriate response to verbal communication, aggression/violence towards others, and document per facility protocol. Another focus area was that the resident used antidepressant medication related to depression. The interventions included but were not limited to; monitor, document, and report to physician ongoing signs and symptoms of depression unaltered by antidepressant medications: sad, irritable, anger, never satisfied, crying, shame, worthlessness, guilt, suicidal ideations, and anxiety.</p> <p>A review of the past six months of pharmacy consultant recommendations revealed that it was recommended on 12/17/24, that the facility should document non-drug interventions attempted prior to administering Valium. The facility documented that nursing was educated.</p> <p>A review of the Medication Administration Record (MAR) for February 2025, March 2025, April 2025, and May 2025 did not include any behavior monitoring.</p> <p>On 5/15/25 at 10:10 AM, the surveyor reviewed the progress notes which did not show any documentation of non-drug interventions attempted prior to the administration of the Valium.</p> <p>On 5/15/25 at 11:30 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) regarding behavior monitoring for residents on anti-anxiety, antidepressants, and antipsychotics. The LPN told the surveyor behaviors were monitored by the staff and documented on the MAR.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/19/25 at 2:00 PM, the surveyor met with the Director of Nursing (DON) regarding behavior monitoring and attempting non-drug interventions for Resident #55, and she stated she would investigate it. The surveyor asked where the staff documented behavior monitoring, and the DON said on the MAR.</p> <p>On 5/20/25 at 11:22 AM, the surveyor met with DON regarding the behavior monitoring for Resident #55. The DON responded, We missed it, I checked all of the others, and they were good. The surveyor then asked about the non-drug interventions prior to administering Valium and she replied, No, it wasn't done.</p> <p>A review of the facility's Behavioral Assessment, Interventions, and Monitoring policy dated 2/2025, included non-pharmacological approaches are used to the extent possible to avoid or reduce the use of psychotropic medications and manage behavioral symptoms and staff will monitor of efficacy and adverse consequences of the medications .</p> <p>NJAC 8:39-29.3(a)1</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure blood pressure medication was administered in accordance to physician ordered parameters to prevent significant medication errors. This deficient practice was identified for 1 of 27 residents (Resident #7) reviewed for professional standards of practice, and was evidenced by the following:</p> <p>On 5/12/25 at 10:46 AM, during initial tour of the facility, the surveyor observed Resident #7 sleeping in their bed.</p> <p>On 5/13/25 at 10:10 AM, the surveyor reviewed the medical record for Resident #7.</p> <p>A review of the admission Record face sheet (admission summary) reflected that the resident was admitted to the facility with diagnosis that included but not limited to; hypertension (high blood pressure).</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated 3/31/25, indicated the resident had a Brief Interview for Mental Status (BIMS) score of 8 out of 15, which indicated a moderately impaired cognition.</p> <p>A review of the Order Summary Report included a physician's order (PO) dated 3/9/25, for clonidine hydrochloride (HCl) oral tablet 0.1 milligram (mg); administer every 8 hours for hypertension; hold if systolic blood pressure (SBP; the measure of the pressure in the arteries during the heart beat) less than 130 and heart rate less than 60.</p> <p>A review of the individual comprehensive care plan (ICCP) included a focus area dated 12/3/24, that the resident had hypertension related to congestive heart failure (CHF; fluid build-up within the heart). Interventions included but not limited to; give anti-hypertension medications as ordered and monitor for side effects such as orthostatic hypotension (low blood pressure that occurs when standing after sitting or lying down) and increased heart rate.</p> <p>A review of the corresponding Medication Administration Record (MAR) for April 2025 and May 2025, revealed that the clonidine HCl tablet was administered out of the physician's parameters as followed:</p> <p>4/1/25 at 10:00 PM, the blood pressure was 122/64 (systolic pressure over the diastolic pressure (pressure at the artery in between beats)) and pulse (heart rate) 65.</p> <p>4/2/25 at 2:00 PM, the blood pressure was 119/50 and pulse 63.</p> <p>4/9/25 at 10:00 PM, the blood pressure was 113/52 and pulse 76.</p> <p>4/13/25 at 6:00 AM, the blood pressure was 122/65 and pulse 63.</p> <p>4/14/25 at 10:00 PM, the blood pressure was 128/72 and pulse 80.</p> <p>4/18/25 at 2:00 PM, the blood pressure was 121/75 and pulse 70.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4/24/25 at 6:00 AM, the blood pressure was 128/68 and pulse 68.</p> <p>4/27/25 at 2:00 PM, the blood pressure was 128/76 and pulse 75.</p> <p>4/29/25 at 2:00 PM, the blood pressure was 129/61 and pulse 64.</p> <p>4/30/25 at 10:00 PM, the blood pressure was 129/62 and pulse 69.</p> <p>5/3/25 at 10:00 PM, the blood pressure was 116/65 and pulse 61.</p> <p>5/7/25 at 6:00 AM, the blood pressure was 125/54 and pulse 68.</p> <p>5/10/25 at 10:00 PM, the blood pressure was 127/75 and pulse 65.</p> <p>5/11/25 at 10:00 PM, the blood pressure was 125/61 and pulse 94.</p> <p>5/13/25 at 10:00 PM, the blood pressure was 129/67 and pulse 68.</p> <p>5/15/25 at 2:00 PM, the blood pressure was 129/68 and pulse 63.</p> <p>On the above dates in April and May 2025, the nurse documented with their initials that the blood pressure medication clonidine HCl was administered.</p> <p>On 5/20/25 at 10:15 AM, the surveyor interviewed the Licensed Practical Nurse (LPN), who stated when administering a blood pressure medication that had parameters, the nurse was to take the blood pressure first and follow the parameters on the physician's order. The LPN further stated that if the blood pressure was outside the parameters, the nurse would hold the medication. The LPN confirmed that the parameters for the blood pressure medication should be held if the blood pressure was less than 130 or if the heart rate was less than 60. The LPN acknowledge that on the dates listed above, the medication was administered outside of the parameters. The LPN further stated that it was important to follow the physician's order for blood pressure parameters to prevent a low blood pressure.</p> <p>On 5/20/25 at 10:25 AM, the surveyor interviewed the Director of Nursing (DON), who stated that when administering a blood pressure medication, the nurse was to follow the physician's order. The DON also stated that if there were parameters, the nurse took the resident's blood pressure to determine if the medication should be administered. The DON further stated that if the blood pressure was outside the parameters, the nurse should not administer the medication. The DON then verified the parameters for the clonidine HCl was to hold if the SBP was less than 130 or heart rate less than 60. The DON acknowledged that the blood pressure medication was administered outside of the parameters.</p> <p>On 5/20/25 at 10:39 AM, the DON, in the presence of Licensed Nursing Home Administrator (LNHA), Regional Director of Clinical Services, and the survey team, confirmed that the clonidine HCl was administered outside of the parameters. The DON stated that the importance of following parameters was to ensure the blood pressure does not drop low.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy dated revision April 2025, included medications are administered in a safe and timely manner, and as prescribed .medications are administered in accordance with prescriber orders, including any required time frame .the individual administering the medication initials the resident's MAR on the appropriate line after giving each medication .</p> <p>NJAC 8:39-27.1(a)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to maintain kitchen equipment in a clean and sanitary manner, as evidenced by the following:</p> <p>On 5/12/25 at 10:04 AM, in the presence of the Director of Dietary Services (DODS), the surveyor observed the following during kitchen tour:</p> <ol style="list-style-type: none"> 1. Two of two convection ovens were soiled with baked on brown coloring on the glass doors and interior of the unit. The DODS acknowledged and stated, it was not cleaned according to facility policy. 2. The six-burner stove top and oven were covered with cooked on grease and sediment crusted around the burners. The oven had food sediment and debris on the interior and the interior door. The catch tray that was lined with foil had burnt liquid, and food debris covering the entire tray and foil. The DODS acknowledged and stated, it was not cleaned according to facility policy. 3. The four-burner stove top and oven were covered with cooked on grease and sediment crusted around the burners. The oven had food sediment and debris on the interior and the interior door. The catch tray that was lined with foil had burnt liquid, and food debris covering the entire tray and foil. The DODS acknowledged and stated, it was not cleaned according to facility policy. 4. A five slot wooden block knife holder was mounted to the wall, it contained clean knives per the DODS. The wall directly above the knife block had a purple and yellow sticky substance that was wipeable by the DODS. The DODS stated, she was unsure what the sticky substance was, why it was there and that the knives in the block are clean. The surveyor observed that the knives were clean when removed from the block. The DODS acknowledged and stated, the area above the knife block was not cleaned according to facility policy. 5. The walk-in freezer had two items, a box of carrots and a box of beef burgers that were open to air and were undated. The DODS acknowledged that the items were subject to freezer burn and should have been sealed and dated with open date. 6. The walk-in freezer contained a metal tray of [NAME] that were opened and in a prepared liquid covered with plastic wrap and foil that was ripped on the corner. The foil was dated 4/22/25-4/29/25. The DODS was not able to tell the surveyor what the tray was from or why it was there. The DODS could not speak to what the labeled date meant .open, used by, or expiration. <p>On 5/12/25 at 10:55 AM, the surveyor interviewed the DODS, who stated, I acknowledged that the equipment should have been cleaned and maintained in a sanitized way to prevent food borne illness and contamination for safety of our residents and staff. Further, we have a labeling system and the frozen food items should be properly sealed and dated to prevent food borne illness, palatability and waste.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook Respiratory and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 38 Freneau Avenue Matawan, NJ 07747	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/20/25 at 1:45 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON), who both acknowledged the surveyor's concerns. No additional information was provided.</p> <p>A review of the facility's, undated, Sanitation policy, included food service area shall be maintained in a clean and sanitary manner .all kitchens and kitchen area, shall be kept clean .to protect from rodents, roaches, flies and other insects.</p> <p>NJAC 8:39-17.2(g)</p>		